## Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

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Establishment Name LEAVEN BAKERY						Telephone Number	Date of Inspection	ID#	
					Est	502-536-8823			
Address 1515 E. MARKET ST, NEW ALBANY IN 47150					Own	661-599-8592	05/19/2021		
Owner						Purpose	Follow Up	Released	
ZECHARIAH & KIMBERLY MAXEY						Routine	•	05/29/2021	
Owner's Address						Follow-up			
4310 DIAMOND WAY LOUISVILLE, KY 40216						Complaint			
Person in Charge KIMBERLY MAXEY						X Pre-Operational			
Responsible Person's Email						Temporary	Menu Type		
BAKERYLEAVEN@GMAIL.COM						HACCP			
Certified Food Handler						Other (list)			
Certified Food Handler						other (list)			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R"									
Section #	n# C NC R Narrative						To Be Corrected		
118	X Observed no Certified Food Managers certificate.					ite.	8-19-21		
218	X Observed walk-in cooler to not be working.						Before opening		
347	· · · · · · · · · · · · · · · · · · ·						Before o	pening	
404									
junction when exiting restroom.									
Summary of Violations C 1 NC 3 R 0									
Received by (name	Received by (name and title printed):  Inspected by (name and title printed):								
10001.00 c) (name and and prince).									
						Thomas Snider CFS			
Received by (signature):					Ir	Inspected by (signature):			
						Thomas Inider			
cc:				cc:			cc:		